

## Several issues to highlight CMA's 122nd annual meeting

Patrick Sullivan

**T**his year's CMA annual meeting, to be held in Quebec City Aug. 20-25, is not likely to produce the intense debate witnessed last year in Vancouver simply because two of the most contentious issues — AIDS and abortion — were dealt with in detail there.

Several recommendations from the **Council on Health Care** are bound to stir interest at this year's meeting, though. As directed by delegates at the Vancouver meeting, the council has produced a statement on nuclear war. "The Health Effects of the Nuclear Arms Race" is intended to become the CMA's policy statement on that issue; whether it does is a decision General Council must make. While most members are likely to support such a statement, some members do oppose CMA involvement in this area. If accepted, the Board of Directors will decide in the fall how to disseminate it.

Two council recommendations will reflect physicians' growing concerns about the environment. One urges Ottawa to act more quickly to regulate the use of chlorofluorocarbons, while the other calls for acceleration of the development and regulatory implementation of the priority substance list under the Canadian Environmental Protection Act.

Concerns about the unsafe use of all-terrain vehicles (ATVs) have been raised at previous annual meetings; at this one the CMA will consider asking the

federal government to set national safety standards for ATVs, and provincial governments to review and strengthen regulations relating to their use. The provinces could also be asked to introduce a special ATV driver's licence. The Council on Health Care will present a total of eight recommendations.

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The CMA is placing more emphasis on medical ethics, a fact made clear by its creation of a Division of Medical Ethics and Legal Affairs and its appointment of a high-profile ethicist, Eike-Henner Kluge, PhD, to head it. The new division will act as a resource for all CMA's committees and councils, but particularly for the **Committee on Ethics**. This year that committee will present recommendations concerning remuneration, the ethical responsibility to act when a physician's actions imperil the health of patients or coworkers, and refusal to treat.

In the last area, the commit-

tee will argue that a physician must not refuse to treat a patient "whose condition falls within his/her general area of competence" solely because the patient has a disease such as AIDS. The only exceptions would be when "such refusal can be ethically or legally justified".

Impact analysis is a hot topic in some provinces, an area that includes decisions about the economic costs of granting a physician a hospital appointment. The **Council on Economics** will recommend that the CMA work with the Canadian Hospital Association to address the issue in terms of the potential impact of a hospital appointment on both costs and quality of care.

The issue of remuneration for treatment of the elderly will be the subject of two resolutions. One will call for consideration of the effects of aging in the setting of relative fees, while another recommends that the CMA provide a forum where payment for delivering health care to the elderly can be discussed.

A report prepared by the CMA's **Committee on Physician Resources** will also be presented, and it is bound to attract considerable attention. The report, which has undergone five revisions, outlines the complexity of physician human resource planning and suggests this planning must take place at local, regional and national levels.

These are only a few of the issues that will be discussed at the CMA's 122nd annual meeting. The General Council sessions will receive extensive coverage in *CMAJ* following the meeting. ■

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